

37 16 80 81 85 850  
40 82 84

Application or Docket Number

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective November 10, 1998

**BEST AVAILABLE COPY**

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	84 minus 20 = * 66	
INDEPENDENT CLAIMS	15 minus 3 = * 12	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY**  
**TYPE**

**OTHER THAN**  
**OR**  
**SMALL ENTITY**

RATE	FEES	RATE	FEES
	380.00	OR	760.00
X\$ 9=		OR	X\$18= 1188
X39=		OR	X78= 936
+130=		OR	+260=
TOTAL		OR TOTAL	2884

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS		HIGHEST	PRESENT
	REMAINING		NUMBER	EXTRA
Total	* 83	Minus	** 86	=
Independent	* 13	Minus	*** 15	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

**SMALL ENTITY**

**OTHER THAN**  
**OR**  
**SMALL ENTITY**

RATE	ADDI-	RATE	ADDI-
ITIONAL	FEES	ITIONAL	FEES
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL	ADDITIONAL FEE	OR TOTAL	ADDITIONAL FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS		HIGHEST	PRESENT
	REMAINING		NUMBER	EXTRA
Total	* 83	Minus	** 86	=
Independent	* 13	Minus	*** 15	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

**RATE**  
**ADDI-**  
**TIONAL**  
**FEES**

**RATE**  
**ADDI-**  
**TIONAL**  
**FEES**

X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL	ADDITIONAL FEE	OR TOTAL	ADDITIONAL FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS		HIGHEST	PRESENT
	REMAINING		NUMBER	EXTRA
Total	* 83	Minus	** 86	=
Independent	* 13	Minus	*** 15	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

**RATE**  
**ADDI-**  
**TIONAL**  
**FEES**

**RATE**  
**ADDI-**  
**TIONAL**  
**FEES**

X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL	ADDITIONAL FEE	OR TOTAL	ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_

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Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Basic Filing Fee	<u>201/101</u>						
Total Claims >20	<u>203/103</u>	<u>96</u>	-20 =	<u>66</u>	X		<u>29</u>
Independent Claims >3	<u>202/102</u>	<u>15</u>	-3 =	<u>12</u>	X		<u>936</u>
Mult. Dep. Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 2889

Less Filing Fees Submitted - \$ 1442

BALANCE DUE = \$ 1447

*Mop*  
Office of Initial Patent Examination